



Further information at [www.tyoelake.fi](http://www.tyoelake.fi) or [www.kela.fi](http://www.kela.fi)  
Please also consult the instructions for pension applicants (ETK/Kela 7007oe).



For further questions, call your pension provider or  
Kela's customer service number  
[www.kela.fi/phone-numbers](http://www.kela.fi/phone-numbers)



Please make sure to complete the application carefully.  
Attach all necessary documentation.  
We may contact you for further information if necessary.  
You can send the application and any documents you wish to append to it to any pension provider or its customer service point, to the Finnish Centre for Pensions (Eläketurvakeskus) or to Kela.

**With this form you can apply for earnings-related pensions and national pensions as well as pensions from another EU or EEA country or Switzerland or a country that has concluded a social security agreement with Finland.**

- i** You need to enclose a medical statement B with your application.
- i** When reviewing your application, the authorised pension provider and Kela will examine your right to receive rehabilitation from either of them.

### 1. Applicant

Personal identity code

Family name

Given names

Street address

Postal code

Postal district

Phone number

E-mail

Country of residence

Have you lived or worked in some other country than Finland?

- No       Yes. Complete Appendix U. See section 10 (Enclosures).

Language in which you wish to receive the decision:

- Finnish       Swedish

### 2. Bank account details

International bank account number (IBAN)

BIC code



### 3. Pension being applied for

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**i** Rehabilitation subsidy: a fixed-term disability pension

**Earnings-related pension** on account of paid employment or self-employment

**i** When reviewing your application, the authorised pension provider will examine your right to receive vocational rehabilitation. If you have the right to receive vocational rehabilitation, the pension provider will give you a preliminary decision.

I wish to apply for rehabilitation subsidy or disability pension.

I wish to apply for partial disability pension or a preliminary decision on partial disability pension.

**National pension** (if you receive no earnings-related pension or if the earnings-related pension is small)

I wish to apply for rehabilitation subsidy or disability pension.

**Pension from another EU or EEA country or Switzerland or a country that has concluded a social security agreement with Finland**

I wish to apply for disability pension. From which countries?

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**i** If you apply for a pension from a country that has concluded a social security agreement with Finland the Finnish Centre for Pensions will send you a separate application form for the agreement country. To speed up the processing of your case you can also print the application form ([www.tyoelake.fi](http://www.tyoelake.fi)) and send the form to the Finnish Centre for Pensions.

### 4. Education and work

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Please state your education (qualifications/degrees, professional training and courses).

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Please state your profession or the work you did before you fell ill. What does your work consist of?

**i** If you are a farmer, you should also complete the form Maatalousyrittäjän selvitys (Farmer's notification). See section 10 (Enclosures).

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What previous jobs have you had and for how long?

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Since when have you worked in your latest job?

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Before falling ill I worked

full-time

part-time \_\_\_\_\_ hours per week.

Do you still continue in your work?

Yes; amount of pay € \_\_\_\_\_ per month, including fringe benefits.

No; last day at work before the start of the sick leave was \_\_\_\_\_.\_\_\_\_\_.

Last date for which you were paid: \_\_\_\_\_.\_\_\_\_\_.

How have your job duties or entrepreneurial activity changed (e.g. work arrangements, cuts in entrepreneurial activity, lease of company)?



Please state contact information for the employers or your company for the two previous years.

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## 5. Staying on at work and work ability

Have your possibilities of returning to work been investigated?

- No
- Yes (e.g. rehabilitation measures such as clarification or investigation of need for rehabilitation, work experience placement)

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What kind of work are you still able to do and to what extent?

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What do you think could be done to make it easier for you to return to work?

- Evaluate rehabilitation prospects
- Make workplace arrangements or offer a work experience placement
- Provide education, training or other rehabilitation measures. Please specify.

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What illness or disability reduces your work ability?

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When did this condition begin?

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When did your incapacity for work begin?

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Please describe how the illness or disability makes your work, studies or other activities more difficult.

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## 6. Treatment of illness

Where have you received treatment for your illness?

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What examinations have been carried out?

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Next examination or doctor's visit

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Name and contact information of your doctor

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Contact information of the occupational healthcare provider



## 7. Other compensations, benefits and pensions

Do you receive or have you applied for some other compensation or pension from Finland (e.g. voluntary supplementary pension financed by the employer or statutory compensation for occupational disease, accident, patient injury, traffic accident or rail accident)?

- No
- I receive a pension or compensation. Please specify the pension/compensation, the company you are receiving it from and the start date of payment.
- Application pending. Specify the pension/compensation and the company to which you have submitted your application.

Do you receive or have you applied for a compensation or some other pension than the pension mentioned under section 3 from outside Finland?

- No
- I receive a pension or compensation. Specify the pension/compensation and the start date of payment. Also specify the country and the institution. Enclose certificate or decision. See section 10 (Enclosures).
- Application pending. Specify the pension/compensation, the country and the institution to which you have submitted your application.

Have you received any other benefit during the previous two years (e.g. rehabilitation allowance, sickness allowance, unemployment allowance)?

- No
- Yes. Specify the benefit and the time period. Specify the payer.

Have you been on maternity, paternity or parental leave or received child home care allowance within the previous 10 years?

- No
- Yes; please specify when.

**i** Recipients of a national pension or an earnings-related pension can apply for a child increase for children aged under 16 years. Please complete and send form EV 264 (Eläkkeensaajan lapsikorotus) to Kela.

## 8. Spouse

- i** Complete this section if you apply for a national pension or a pension from abroad.
- i** Spouse means person married to, cohabiting with or living in a registered partnership with the applicant.

Personal identity code      Family name and given names

Do you live with your spouse?

- Yes       No. I have been/will be separated from my spouse since/starting from \_\_\_\_\_.\_\_\_\_\_.

Reason for separation

- End of a couple relationship       Other reason, please specify: \_\_\_\_\_

## 9. Legal representative

- I have no legal representative.
- I have a legal representative. See section 10 (Enclosures).
- Application for a legal representative is pending.
- I have issued a power of attorney concerning legal representation and the power of attorney has been confirmed. See section 10 (Enclosures).



## 10. Enclosures

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Medical statement B.

**i** The medical statement must not be older than a year.

Has already been submitted; please specify where. \_\_\_\_\_

Will be submitted later; please specify when. \_\_\_\_\_

### Section 1. Applicant

Appendix U (Residence and employment abroad, ETK/Kela 7110e)

### Section 4. Education and work

Appendix TM (Maatalousyrittäjän selvitys, Mela/Kela 001)

### Section 7. Other compensations, benefits and pensions

Copy of the decision or notice of payment or a certificate from the payer, stating the current gross amount per month of your pension or compensation from abroad.

### Section 9. Legal representative

Copy of the decision on legal representation.

Copy of the power of attorney concerning legal representation and copy of the confirmation of the power of attorney.

### Other enclosure

Please specify: \_\_\_\_\_

## 11. Additional information

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**i** Write the number of the section you are referring to.

Additional information on a separate sheet. Write your name and personal identity code on the sheet.

## 12. Consent

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I consent that Kela and the authorised pension provider may, with a view to facilitating a decision on my disability pension case, release information contained in documents related to the processing of this case to occupational health care authorities, to a doctor or to a treatment or diagnostic facility.

**i** Kela and the authorised pension provider are authorised to obtain information needed to process your application from your employer, from Kela, from a doctor, from a treatment or diagnostic facility, or from any other sources to which the Act on the Openness of Government Activities applies.

### 13. Release of information about rehabilitation arranged by the authorised pension provider

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**i Complete this section if you apply for pension from the authorised pension provider.**

When reviewing your application, the authorised pension provider will examine your right to receive vocational rehabilitation. If you have the right to receive vocational rehabilitation, the pension provider will give you a preliminary decision.

**i To ensure a smooth and speedy rehabilitation process it is often necessary to share information among professionals and organisations involved in the planning and implementing of the rehabilitation.**

The authorised pension provider has a legal right to obtain information necessary to the processing of your case from the following sources: Kela, your employer, a doctor or other medical professional, health care organisations, organisations implementing rehabilitation or providing social services, and other bodies governed by the Act on the Openness of Government Activities.

The right to release your information is narrower in scope. Your consent is required to release any information whose release is not expressly authorised by law.

I give my consent for the authorised pension provider to release rehabilitation decisions concerning myself and other information concerning the handling of my rehabilitation case.

Information may be released to the following professionals and organisations:

- My workplace occupational health provider
- Doctors or other medical professionals, hospitals and health care centres participating in my care
- Rehabilitation institutions or service providers participating in the evaluation of my rehabilitation prospects
- My employer, with the exception that information about my health may not be released
- An employer offering me a work experience placement or job coaching, with the exception that information about my health may not be released
- The Employment and Economic Development Office, if it participates in the evaluation of my rehabilitation prospects
- An educational institution or apprenticeship office, if it participates in my rehabilitation

I do not give my consent to the release of information whose release is not expressly authorised by law. Please specify which of the above professionals or institutions you do not want your information to be released to.

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### 14. Signature

**I declare that the information I have given is true and accurate. I will notify any changes.**

Date

Signature and printed name

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If this form is not signed by the applicant, please explain why it was signed by someone else and state the signatory's phone number.

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Information obtained in the course of processing the application is stored in the registers of Kela, the Finnish Centre for Pensions and the individual pension providers. Further information on the registration of your data can be obtained from the aforementioned institutions.

